

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047579

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 235

FILED DEC 23 1963

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kennett		c. CITY OR TOWN Kennett	
c. FULL NAME OF (If NOT in hospital, give location) Dunklin Co. Memorial		d. STREET ADDRESS (If outside, give location) East Avenue	

3. NAME OF DECEASED (Type or print) Charley Williams			4. DATE OF DEATH Dec. 20 1963		
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/8/1897	9. AGE (last birthday) 66	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
11. BIRTHPLACE (City and state or country) Hancock County Tenn. U.S.A.			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME Dollie Williams		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. [redacted]		
17. INFORMANT Dollie Williams, Kennett, Mo.			18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) [redacted] DUE TO (c) [redacted] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) [redacted]		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) [redacted]	
20c. TIME OF INJURY Hour a.m. p.m. [redacted]		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) [redacted]	
20f. CITY, TOWN, OR LOCATION Kennett		COUNTY Missouri		STATE Missouri	

21. I attended the deceased from [redacted] to [redacted] and last saw her alive on [redacted]. Death occurred at approximately 2:35p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Quinton Tarver, Coroner		22b. ADDRESS Kennett, Mo.		22c. DATE SIGNED 12-21-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/22/1963		23c. NAME OF CEMETERY OR CREMATORY Gregory		23d. LOCATION (City, town, or county) (State) Kennett Missouri	
24. FUNERAL DIRECTOR McDaniel Funeral Ser. Kennett, Mo.		ADDRESS [redacted]		25. DATE RECD. BY LOCAL REG. 12-21-1963		26. REGISTRAR'S SIGNATURE Carl H. [redacted]	

(Licensed Embelmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Tommy L. Roberts

Licensed Embalmer No. 4886

P. O. Address Kennett, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.